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WANTE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

	LEGISLA	ATOR INFORMATION			
Name			2004	Office:	
Steven J Butterf	Teld -	The state of the s	Nymannaaa	∄ House	☐ Senate
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City, zip code				Phone	
Bringer, 04401			ĺ	207-242-7270	
			Skiel er er er		
PART 1. INCOM	//E DERIVE	D FROM EMPLOYMENT	BY ANOT	HER	
List the name and address of each employer from economic activity of each employer.	om whom yo	u received compensation of	\$1,000 or r	nore. Specify th	ne principal type of
Name of Employer		Address			pe of Economic of Employer
None			and you would not have been a facility of the second name of the secon	PNANASSOUID-AND CONTROL OF THE CONTR	
	Management of the Section of the Sec		r) - Padry we work of \$100 in the COST in \$2.55.6		
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(Fo	or Legislato	RIVED FROM SELF-EMP rs who are self-employed.)		
A. List the name and address of your business, associated with a partnership, firm, professional entity.	if any, and li association,	ist the major areas of econo or similar business entity, li	mic activity t ist the major	from which you o areas of econo	derived income. If mic activity of that
Name and Address of Business Entity		Major Areas of Economic (self)	c Activity	Ac (partnership, as	s of Economic ctivity sociation or similar ess entity)
Name: Address: \langle On Q	mail as an aid mann aid airlinn an Amann an an aid agus, mun agus, mhaile, mhaile, mhaile, mhaile, mhaile, mha				
Name:			n in the state of		
Address:			Additional in American		

PART 2 (continued). INCOME DERIVED FR (For Legislators who are self-em		
B. List each source of income derived from self-employment that represents more greater, and specify the principal type of economic activity of the entity or personal disclosure is prohibited by law, rule, or an established code of professional ethics entity or person from whom the income was derived.	son from whom you derived	such income. If this form of
Name and Address of Source	Activ	rincipal Type of Economic ity of Entity or Person Who is the Source of the Income
Name: Address:		
Name: Address:		
PART 3. MAJOR AREAS OF I (For Legislators who are attorneys-a		
List your major areas of practice. If associated with a law firm, list the major area	sessor section to the contract of the property of the contract	
Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)
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Address:	almidd daell d	A PORT CONTROL OF A PORT OF THE STATE OF THE
Name:		The second of th
Address:		** Control of the Con
PART 4. OTHER SOURCES O		
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this for	orm. Do not include gifts. If r	none, check the box.
None		
Name and Address of Source	(i	Kind of Income nvestments, leases, etc.)
Name:		
Address:		
Name:	17894/ II-10-14-0 7-14-07-14-07-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	эмвэжий жилий ж Эмвэжий жилий
Address:	N	
PART 5. REPORTABLE LIA	BILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you areas of economic activity of each creditor. Do not list credit card liability or loans	received during the reportion from a relative. If none, chec	ng period, and list the major ck the box.
∑ None		
Name and Address of Creditor	Pr	incipal Type of Economic Activity of Creditor
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Address:		1988 at 1881 at 1991 and 1992
Name:	delines to extend	
Address:	e declarida elida	

List the specific source of each gift of mo		e gifts with an aggregate v	value of more	e than \$300 from a single source.
none, check the box.	NSE STANDARD STANDARD STANDARD AND STANDARD AND STANDARD AND STANDARD STANDA	Elementario de la compansa de la com	entrality (military and in the contral the	
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List the source of any honoraria accepted		ORTABLE HONORARI		posibilities. If none shoul the hou
None	ior appearances or sp	reeches related to your legi	isiative respo	onsibilities. It none, check the box.
Name of Source of Ho	onoraria		Name of So	urce of Honoraria
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2.		4.		
	PART 9. BUSINES	SS WITH STATE AGEN	CIES	
List each executive branch agency to wh \$1,000 during the reporting period. If non-	ich you or a member e. check the box.	of your immediate family s	sold goods o	r services with a value in excess o
None	CONTRACTOR	eministra a jum namuus () puon konseptunista kasta (ja kunstististi kuhinta kasta (ja kuhinta k	999948ASASASASASASASASASASASASASASASASAS	$a_{i,j}, a_{i,j}, a$
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PART 10 II	NCOME RECEIVED	BY MEMBERS OF IMA	MEDIATE E	AMI V
List the type of economic activity represen			eseberiosiosios	All the second of the second o
dependent child(ren) during the reporting or more of income, their name and job title	period and the kind of	income represented. If ye	our spouse o	or domestic partner received \$1,000
Name of Spouse or Domestic Partner		ype of Economic Activity Representing Source of Income Received	Relationship	Kind of Income
Name:	menenen parin i carana unman i arabana de dangkengan papangan sabana dalah 1	na Delina de esta constituir qua del propositio de la compositio della compositio della compositio della com	Spouse or	1.
Job Title:	2		Domestic Partner	2.
	3		Dependent	3.
If dependent abild/sea) see	P4 000 -5:	Неболиваем неибито переда преда п	Dependent Child	
If dependent child(ren) receive more than for the reporting period, list only the t activity and the kind of income.			Dependent Child	
activity and the Kind Of ITCOME:			Dependent Child	**************************************

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PART 11. OFFICER OR DIRECTOR POSITIONS